DRAFT MINUTES

Scottish Intercollegiate Guidelines Network Council meeting

Wednesday 8 February 2017 10.30am – 1pm

Healthcare Improvement Scotland, Boardroom, Gyle Square, Gyle Crescent, EDINBURGH EH12 9EB

Present

Professor John Kinsella (JK)	SIGN Chair
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice Chair
Mrs Margo Biggs (MB)	Lay Representative
Dr Patrick Chien (PC) (deputy)	Royal College of Obstetricians and Gynaecologists
Suzanne Clark (SC)	Lay Representative
Mr Gary Cook (GC)	Royal Pharmaceutical Society
Dr Emilia Crighton	Faculty of Public Health Medicine (teleconferencing)
Dr Sara Davies (SD)	Public Health Consultant, Scottish Government
Dr Tricia Donald (TD)	Scottish General Practice Committee
Dr Ellie Dow (ED) (deputy)	Royal College of Pathologists
Ms Lorna Forde (LF) (deputy)	Allied Health Professionals
Mr David Hewitson	Scottish Association of Social Workers
Professor Gregory Lip	Royal College of Physicians of Edinburgh (teleconferencing)
Dr Donald MacGregor	Royal College of Paediatrics and Child Health
Dr Rajan Madhok	Royal College of Physicians and Surgeons Glasgow
Kenneth McLean	Lay Representative
Dr Naomi Moller	British Association for Counselling and Psychotherapy
Dr Jane Morris	Royal College of Psychiatrists
Ms Caroline Rapu MBA (CR)	Royal College of Nursing
Dr Brian Robson (BR)	Executive Clinical Director
Dr David Stephens (DSt)	Royal College of General Practitioners
Dr Sara Twaddle (ST)	Healthcare Improvement Scotland
Ms Eileen Wallace	Lay Representative
Professor David Wilson (DW)	Royal College of Paediatrics and Child Health

In Attendance

Ms Karen King	Executive Secretary to SIGN Council

Observers

Joseph Dahine	Clinical Leadership Fellowship with HIS
Norman Gibb	Public Partner
Scott Jamieson	Deputy – Royal College of General Practitioners
Anne Keane	Public Partner
Gaynor Rattray	Guideline Co-ordinator, SIGN Executive

Apologies

Dr Daniel Beckett	Royal College of Physicians of Edinburgh
Ms Iris Clarke	Allied Health Professionals
Dr Lesley Colvin	Royal College of Anaesthetists
Mr Mike Gavin	Royal College of Ophthalmologists
Ms Alison Gray	Allied Health Professionals
Dr Karen Ritchie	HIS - Head of Knowledge and Information
Duncan Service	Evidence Manager SIGN, HIS Employee Director

Item #	Item	Action
1.	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone to the meeting in particular: • Jane Morris and Naomi Moller attending as Council members for the first time • Joseph Dahine accompanying Brian Robson as part of his clinical leadership fellowship with HIS • Scott Jamieson, the new RCGP deputy representative (observing) • Gaynor Rattray – Guideline Co-ordinator SIGN Executive • Anne Keane and Norman Gibb – HIS Public Partners Apologies were noted as above.	
2.	**REGISTER OF INTERESTS**	
	JK advised that the Declaration of Interests form (DoI) for this year were sent out with the papers for Council and instructions on completion. It is extremely important to have an up to date register of interests. The DoI should include the regular employment/occupation and the complete range of roles and events attended.	**JK**
3.	**MINUTES OF COUNCIL MEETING HELD ON 21 SEPTEMBER 2016**	
	The minutes of the meeting held on Wednesday 21 September 2016 in Delta House, Glasgow were accepted as accurate and will be posted on the SIGN Council website. **JM** asked if there was any audit done to audit how a SIGN guideline made a difference. **JK** responded that although there is a record of the number of downloads and hits on the website, the Executive are interested in	**KK**

	receiving as many examples as possible, as identifying a direct link between the guideline and an outcome is challenging. **RJ** said that more team members would be needed before an audit on the outcomes could take place. **ST** advised that there was work being done on an outcomes framework of contribution analysis for all areas of HIS and there should be information available at the next Council meeting in June.	
4.	**REVIEW OF ACTION POINT REGISTER**	
	Most of the points from the Action Register were on the agenda and will be discussed in due course.	**RJ**
5.	**MATTERS ARISING**	
5.1	*SIGN Website* At the meeting in June 2016, Members were shown a demonstration of the new website and advised that it would be ready at the beginning of 2017. The launch date has been delayed slightly due to the heavy publication schedule for SIGN guidelines and patient versions and wanting to get it right. The website should be up and running by the June meeting of SIGN Council..	**RJ**
5.2	*HIS Primary Care Strategy* **BR** provided a brief outline the main points of the HIS Primary Care Strategy and thanked those SIGN Council members who had been involved. The document covers urgent and out of hours care, GP clusters, support for Primary Care (PC) and improved Healthcare and Social Care interaction. Comments from the group included that: • the strategy should include a definition of PC that included the collaboration between all healthcare services • support from HIS is welcomed in the changing work practices within PC, GPs and Government to achieve community care • the implementation of guidelines through the patient pathway will benefit patients • the strategy is supported but the challenge is that very little information exists • although GPs know what SIGN do, it was less clear what HIS do. The first cluster meeting is 23 February 2017 and the activities of HIS and SIGN should be made clear to all of Primary Care • it was still unclear how will this work in practice, for example, with the melanoma guideline, apart from reading the book how can PC implement it and get involved. The end point is working GPs. SIGN have to work on this • everyone needs to work with more flexibility within the Primary Care environment • guidelines are realistic and create an opportunity to start a conversation that leads to shared decision-making • guidelines don't make recommendations solely on what should be done but when it's appropriate not to do something **BR** advised that there would be analysis support from ISD (Information Services Division) if the data received. BR suggested that this is followed up with EC after the meeting.	**BR** **BR/EC**

5.3	*Early career forum* **ST** and **BR** are to take this forward and involve more areas within HIS. This is an opportunity to involve younger healthcare professional.	**ST/BR**
6.	**SIGN COUNCIL BUSINESS**	
6.1	*Membership (including committees)* January was the first trial of holding both the GPAG and Strategy sub-group meetings on the same day in both Delta House and Gyle Square, with teleconferencing. Those who attended thought having it on the same day worked but the technical problems having both teleconferencing and videoconferencing impacted on the meeting. The next time all attendees should be in the same room with teleconferencing. **JK** thanked everyone for attending the meeting. There are still people required for the GPAG and Strategy groups. Poor attendance of members is also being addressed.	**JK**
6.2	*SIGN Council Vice Chair* Following on from September's meeting, when the group was asked to put names forward for Deputy Chair, no names were put forward so JB has been reappointed.	**JK**
6.3	*Proposal to hold Council meetings in Public* The proposal follows other meetings, SM Consortium and SHTG within HIS being held in public. The SM Consortium is a large, formal and bureaucratic meeting, generally attended by 30-35 members of public. The meeting makes very specific decisions. The meeting of SHTG is to approve advice on non-medical technologies for Scotland. At the first meeting there were approximately thirty members of public, at the second on only three. At SIGN Council there is no decision making and no confidential information, however, not all members of the public will understand the topics under discussion. ST proposed that Council should not be held in public and the group agreed. The dates for the meeting will be on the website and state that anyone is welcome to attend. Comments relating to SIGN Council minutes can be sent to KK, in the first instance.	**ST**
6.4	*Events and awareness raising* As everyone is aware, one of the responsibilities of being a SIGN Council members is to promote SIGN and the work it does. If there are any meetings, events or conferences that SIGN could attend, preferably as part of the programme rather than stand, please contact KK - karenking5@nhs.net – in the first instance.	
7.	**SIGN COUNCIL BUSINESS**	
7.1	*SIGN Council action plan* The Strategy group looked at the action plan. It currently has too many items on it. The group has decided to give priority to the Three Key Questions proposal plan (3KQ) and would appreciate ideas and comments not just for this action, but for all the actions on the plan.	**RJ**

	It has been a challenge for the FASD proposal to work to three key questions as it was a completely new topic, therefore, more questions may be included to cover the identification of FASD patients. Both the proposals for delirium, received from within HIS, and migraine have worked better. Guidelines for Primary Care was mentioned and **RJ** advised that SIGN guidelines are becoming more relevant and PC representatives are in the GDGs. There was a survey sent out to GPs in Summer 2016, to which there was a good response, with some good ideas that would be quite easy to work to.	
7.2	*Strategy update* SIGN SMT had to intervene with the progress of the CVD prevention guideline. There was not enough evidence available on the accuracy of equipment that was going to be used. The G-I-N conference is now a standing item on the agenda. The group split into 2 groups to discuss the Five Year Plan. There were a number of ideas. The plan prompted discussion on priorities, frameworks, for example the H&SC framework and questions and strategies from Scottish Government. The question *What would guideline headlines be in five years?* was discussed and suggestions included: • Better access for patients to tailor recommendations to their needs • SIGN to stop • Patient focused guidelines with clinician versions The subject was opened to Council, and comments made were: • to look at the model used by those considered the best (Denmark) • use realistic medicine papers to open a discussion with the CMO • guidelines should be a discussion tool, not steadfast rules • work towards what the stakeholders need • don't do obstructive tasks, listen to the patient not government • consider the whole multi-disciplinary process • look at the ethos instead of siting a model The aim of the five year plan should be that the ambition is that SIGN are the ones who do it best.	**JB**
8.	**UPDATE FROM HEALTHCARE IMPROVEMENT SCOTLAND**	
	ST will circulate papers in due course.	**ST**
9.	**SIGN EXECUTIVE BUSINESS**	
9.1	*Programme Lead report* There have been a few staffing changes within SIGN. One of the PMs has resigned. Interviews are taking place shortly to recruit a temporary Change Programme Manager to drive forward the strategy and achieve the goals of the five year plan. KK has a short secondment three days a week to Data, Measurement and Business Intelligence until the end of August. DS has been elected Chair of G-I-N, where he has represented SIGN since the establishment of G-I-N. The conference, hosted by both SIGN	**RJ**

	and NICE is the **11-14 September 2018**. **JK** has been elected chair of the scientific committee, with G-I-N providing the sub-group. Registration will open early and it is hoped that as many SIGN Council members as possible will attend.	
9.2	*Guideline development programme* RJ highlighted the work that was done with SHTG to update a chapter of the stroke guideline with information on endovascular therapy. A number of comments were received from drug companies after the publication of the new Asthma guideline. This was after the guideline was put out for public consultation. The Asthma guideline is a living guideline and the PM approached BTS to see if it could be developed like a selective update in future, There are a number of points to note from the Web Stats. The new Asthma information is well used. Despite being six years old, the diabetes guideline is popular so are both stroke and stroke rehabilitation, which were published almost seven years ago. Since, its publication less than two months before this Council meeting, the adults with autism patient version had had over 24,000 hits.	**RJ**
9.3	*Patient Involvement update* There has been great progress in the development of the patient versions. The autism for parents and carers, adults with asthma and children with asthma booklets will all be published by the end of March. Karen has had the help of a Research Analyst to assist with booklet production and user-testing. The patient information booklets have been updated and branded in the same way as the patient version booklets. In October, there was the first training day for public partners who wanted to become involved in the editing process of the patient versions. All attendees gave positive feedback on the programme for the day. Karen has worked on instructions for the DoIs for patient consultation that comply with plain English. These could be used for peer reviewers.	**RJ**
10.	**GUIDELINE PROGRAMME ADVISORY GROUP**	
10.1	*GPAG update* The GPAG sub-group is looking for new members to join. Decisions are made after the original proposer has been checked to ascertain what evidence is available on the topic and if there has been a similar topic published recently. There are currently more proposals being receive from non-healthcare professionals. Proposers are invited to attend meetings to discuss their proposal in person, which has always been useful in speeding up the process and defining what the proposer is looking for.	**RM**
10.2	*Future Programme* The new guideline topics are FASD, migraine and delirium. At the last meeting of GPAG the proposers of the ADHD in adults' proposal attended. They are due to meet with JK and RJ to discuss this further.	**JK/RJ/KK**

	There are currently eight proposals, all at different stages and 7 small change requests. SIGN are becoming more responsive to Government requests. There is currently no one to chair the metastatic breast cancer proposal, so it has slipped down the list. A request will be put on the SIGN website.	
10.3	*Proposals for ratification* Both the proposal for epilepsy in children and peri-operative blood transfusion were ratified by Council. **NM** mentioned there is no parity between SIGN guidelines on topics relating to mental health and physiological topics. **RJ** advised that all proposals were in answer to the demand for them.	
11.	**METHODOLOGY**	
11.1	*Methodology update* In the absence of DS, Council members were asked to note that the updating group will meet again, to revise SIGN 50, to include that a literature search will be carried out when a guideline is three years old after the pilot was carried out with Management of primary cutaneous squamous cell carcinoma. Abstracts are to be submitted for Global Evidence Summit 2017.	
12.	**SIGN 146 CUTANEOUS MELANOMA**	
	A presentation was about the new melanoma guideline by *Dr Ewan Brown, Consultant in Medical Oncology, Edinburgh Cancer Centre, Western General Hospital Edinburgh* **JK** thanked Dr Brown for giving his presentation and noted that using the term “most patients” was in line with SIGN guidelines being a recommendation.	
14.	**DATES OF NEXT MEETING** Wednesday 14 June 2017, Rooms 6A and 6B Delta House, Glasgow, 10.30am to 1pm followed by a light lunch.	